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## APPLICANTS

Jonathan L. Nicozisis, Lancaster, PA;

\*\* CONTINUING DATA \*\*\*\*\*

*None PL*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None PL*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

40440  
WOLF, BLOCK, SCHORR & SOLIS-COHEN LLP  
1650 ARCH STREET, 22ND FLOOR  
PHILADELPHIA, PA  
19103-2334

## TITLE

Apparatus and method for removing a removable tooth positioning appliance from the teeth of a patient

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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